**Reference No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST form FOR accounting certifications**

**Customer Information**

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| Name : Ms / Mrs / Mr:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Former Regular, Casual & Contractual Employee Former MOA/JO worker  Contact No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office/Bureau/Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Required supporting documents:***  *1.* ***Former DSWD employee must submit****:*  *• Filled-up request form;*  *• Photocopy of government-issued ID for the former employee.*  *2.* ***Authorized representative must submit****:*  *• Filled-up request form;*  *• Authorization letter from the former employee;*  *• Photocopy of government-issued ID for the former employee and the authorized representative.*  ***Note: Only request with complete documents will be accepted.*** |

**Service Information**

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| 1. **For Former Employee**   Request issuance of Certification for:  Last Salary Processed  Pag-IBIG Contributions and Remittances  Pag-IBIG Loan Amortizations Withheld and Remittances  Philhealth Contributions and Remittances (maximum of 1 year) GSIS Contributions and Remittances  GSIS Loan Amortizations Withheld and Remittances | 1. **For Former MOA/JO worker**   Request issuance of Certification for:  Last Cost of Service (COS) Processed |

Request Form (DSWD-FMS-GF-001)

**CLAIM STUB FOR REQUEST form FOR accounting certifications**

**Reference No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name of Requesting Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Release :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Time of Release :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Look for **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Contact No.: Central Office/ Field Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@dswd.gov.ph  ***Presentation of the following documents upon claiming of the Certification:***  *1.* ***Former DSWD employee:***  *• Claim Stub or Printed Email Acknowledgement Receipt*  *2.* ***The Authorized representative:***  *• Authorization letter for the representative, if claimed by person other than the former employee, together with the photocopy of the latter’s government-issued ID.*  ***Note: NO FEES are to be paid on the request certification*** |